OTP E DECLARATION AND POWER OF ATTORNE Original Application Page 2 (If Required)

ATTORNEY'S	DOCKET NO
D-21188	

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		COUNTRY	API	PLICATION NUMBER			OF FILING ONTH, YEAR))P	PRIORITY OF WHI UNDER 35	CH IS CLAIMED USC 119
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									☐ YES	□ NO
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	Listing of All Foreign Applications Filed, if any, MORE THAN TWELVE MONTHS PRIOR, to U.S. Filing Date of this									
601	Applic	Application.								
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			LISTING	OF APPLICA	NTS - con	tinued fro	m Page	i.		
	FÜLL	LAST NAME		FIRST NAME	·			MIDDLE NAME		
	NAME OF INVENTOR	TOMPKINS		ROBERT				E.		
4	RESIDENCE &	CITY		STATE OR FORE	IGN COUNTRY			COUNTRY OF C	ITIZENSHIP	
20	CITIZENSHIP	Millbrook		New York				USA		
	POST OFFICE ADDRESS	POST OFFICE ADDRESS		CITY			STATE OR		ZIP CO	
	FULL	106 College Lane	 ,	Millbrook FIRST NAME			New Yo	Ork MIDDLE NAME	1254	15
	NAME OF INVENTOR									
05	8	CITY		STATE OR FOREI	GN COUNTRY			COUNTRY OF C	TIZENSHIP	
20	CITIZENSHIP	POST OFFICE ADDRESS		CITY	-		CTATE OR	COUNTRY	1710.00	
	OFFICE ADDRESS	. 557 5. 1 152 1657 1255					STATE OR	COUNTRY .	ZIP CO	DE
	FULL NAME OF	LAST NAME	· · ·	FIRST NAME			MIDDLE NAME			
	INVENTOR			·						
206	RESIDENCE & CITIZENSHIP	СПУ		STATE OR FORE	GN COUNTRY			COUNTRY OF C	TIZENSHIP	
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are b	elieved to b	that all statements made be true; and further that	t these sta	i my own knov tements were i	made with	true and the know	inat all st ledge tha	atements ma	de on inform	nation and belie
made	are punish:	able by fine or impriso	nment, or l	both, under sec	ction 1001	of Title 1	8 of the	United States	s Code, and	that such willfi
talse :	statements i	may jeopardize the vali	dity of the	application or	any patent	issuing th	ereon.			
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FOR SOLE AND JOINT APPLICATIONS

DECLARATION AND POWER OF ATTORNEY **Original Application**

ATTORNEY'S DOCKET NO. CS-21188

As a below name cinventor, I deplace that I have reviewed and understand the contents of the specification, including the claims, as amended by any an earns of pecifically referred to in this Declaration, that the information given herein is true, that I believe that I am the original, first and sole inventor if only one name is listed at 201 below, or a joint inventor if plural inventors are named below at 201 et seq., of the invention entitled:

	··.	HYE	BRID CERAMIC EL	ECTROSTATI	C CLAMI	9				
wh	ich is desc	cribed and claimed in:								
	the attach	ned specification or	·							
X	the spec	cification in application Seria	al No. 10/085,57	1 filed 2/	27/02 :	amended				
	(for declar	ation not accompanying application	on)		onth. Year)		(Day, Month, Year)			
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beform this app more reportive	ore my or o more than of application lication in a re than twel resentatives live months his application	edge a duty to disclose inform .56(a), that I do not know and ur invention thereof or patente one year prior to this application, that the invention has not be any country foreign to the Unit we months prior to this application or assigns in any country for prior to the filing date of this a con are identified at 600, and, a PPROPRIATE BOX.	d or described in any on, or in public use or een patented or made ed States of America ation and that as to a oreign to the United S	r printed publicater on sale in the teather the subject of a on an application application of the subject of a property of the subject of the	ever know tion in any United Sta an invento on filed by patent or i	or used in country before tes of Americ or's certificate or me or my leg inventor's certificate	the United States of Americ re my or our invention thereo a more than one year prior to issued before the date of thi gal representatives or assign ificate filed by me or my lega-			
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_	LI Req atta	uired information as to foreign app ched hereto and made a part here	plications filed prior to file	ing date of this ap	plication is	at 601 on page	2			
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SEN	D CORRE	SPONDENCE TO:		DIRECT TELI	EDUONE	CALLOTO				
		ECHNOLOGY, INC.		DIRECT TELL	EPHONE	CALLS 10:				
aw 9 O	Department I Id Ridgebury oury, CT 068	M1-557 Road		Blake T. Bi	edermar	n (203) 837-	-2115 ·			
				<u> </u>			-			
	FULL NAME OF	LAST NAME	FIRST NAME	<u> </u>		MIDDLE NAME				
	INVENTOR	LOGAN .	JOSEPH	JOSEPH						
201	RESIDENCE &	СПУ	STATE OR FOREIGN	COUNTRY		COUNTRY OF CITIZENSHIP				
~	POST	Jamestown POST OFFICE ADDRESS	Rhode Island	Rhode Island		STATE OR COUNTRY ZIP CODE				
	OFFICE ADDRESS		CITY							
_	FULL	149 Seaside Drive	Jamestown FIRST NAME		Rhode		02835			
	NAME OF INVENTOR		1			MIDDLE NAME				
7	RESIDENCE	MILLER	JOHN STATE OR FOREIGN	OUNTRY		R.	TIZENCUID			
₹	CITIZENSHIP	Wappingers Falls			COUNTRY OF CITIZENSHIP					
•	POST OFFICE	POST OFFICE ADDRESS	New York		STATE OR	COUNTRY	ZIP CODE			
	ADDRESS	21 Lawton Road	Wappingers F	alle	1		1 1			
	FULL NAME OF	LAST NAME	FIRST NAME	und	New Yo	MIDDLE NAME	12590			
	INVENTOR	NAIM	MAHMOOD	MAHMOOD						
3		CITY	STATE OR FOREIGN (STATE OR FOREIGN COUNTRY			TIZENSHIP			
V	CITIZENSHIP	Salt Point	New York			USA				
	OFFICE	POST OFFICE ADDRESS	CITY			COUNTRY	ZIP CODE			
-		392 Browning Road	Salt Point		New York		12578			
200	Additional matter on page 2 attached hereto and made a part hereof. When page 2 is used, all signatures must be signed on page 2. List of Applicants continued on page 2 Yes No									
priso plica	onment, or be	at all statements made herein of m that these statements were made oth, under section 1001 of Title 18 valent issuing thereon.	ny own knowledge are tr e with the knowledge that of the United States Co	rue and that all sta at willful false state ode, and that such	ment and t willful false	ade on informati he like so made statements ma	e are punishable by fine or ay jeopardize the validity of the			
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7	4/3/0	12	4/3/02		DATE		2/2002			
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